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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	10177-030-999	Total Pages	50
	First Named Inventor or Application Identifier			
	Wendy Naimark			
	Express Mail Label No.	EL 477 031 977 US		

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231															
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (2 pages) Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 34] -Descriptive title of the Invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to Microfiche Appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description of the Invention (including drawings, if filed) -Claim(s) -Abstract of the Disclosure</p> <p>3. Drawing(s) (35 USC 113) [Total Sheets 9]</p> <p>4. Oath or Declaration [Total Sheets 2] <input checked="" type="checkbox"/> Newly executed (original) <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTORS(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33 (b).</p> <p>5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p>	<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p>ACCOMPANYING APPLICATION PARTS</p> <p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) (2 pages)</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. <input type="checkbox"/> Applicant claims Small Entity status, see 37 C.F.R. § 1.27</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Other:</p>															
<p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: filed .</p>																
<p>18. CORRESPONDENCE ADDRESS</p> <table border="1"><tr><td>Customer Number: 20583</td><td> (Insert Customer No. or Attach bar code label here)</td><td>or <input type="checkbox"/> Correspondence address below</td></tr><tr><td colspan="3">NAME</td></tr><tr><td colspan="3">ADDRESS</td></tr><tr><td>CITY</td><td>STATE</td><td>ZIP CODE</td></tr><tr><td>COUNTRY</td><td>TELEPHONE</td><td>FAX</td></tr></table>		Customer Number: 20583	 (Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below	NAME			ADDRESS			CITY	STATE	ZIP CODE	COUNTRY	TELEPHONE	FAX
Customer Number: 20583	 (Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below														
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ATTORNEY DOCKET NO. 10177-030-999

Date: October 15, 2001

Assistant Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

The following utility patent application is enclosed for filing:

Applicant(s): Wendy Naimark
Maria Palasis

Executed on: September 27, 2001

Title of Invention: MEDICAL DEVICE FOR DELIVERING PATCHES

PATENT APPLICATION FEE VALUE

TYPE	NO. FILED	LESS	EXTRA	EXTRA RATE	FEE
Total Claims	36	-20	16	\$18.00 each	\$ 288.00
Independent	3	-3	0	\$80.00 each	\$ 0.00
Minimum Fee					\$ 710.00
Multiple Dependency Fee If Applicable (\$270.00)					\$ 0.00
Total					\$ 998.00
Applicant qualifies for the 50% Reduction for Independent Inventor, Nonprofit Organization or Small Business Concern					\$ 0.00
Total Filing Fee					\$ 998.00

- ☐ **DO NOT PUBLISH.** I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. 122(b).
- ☐ Priority of application no. filed on in is claimed under 35 U.S.C. § 119.
- ☐ The certified copy of the priority application has been filed in application no. filed
- ☐ Amend the specification by inserting before the first line the following sentence: This is a continuation-in-part of application no. filed .

Please charge the required fee to Pennie & Edmonds LLP Deposit Account No. 16-1150. A copy of this sheet is enclosed.

Respectfully submitted,

Gidon D. Stern
Gidon D. Stern 42,412 27,469
PENNIE & EDMONDS LLP (Reg. No.)

Enclosures

This form is not for use with continuation, divisional, re-issue, design or plant patent applications.